SCORE VERIFICATION REQUEST
for STATE LICENSURE EXAMINEES

CCE State Agency Services Dept.• P.O. Box 63105 • Charlotte, NC 28263-3105 •
FAX: 336-482-2852 TEL: 336-482-2856

Please complete this form electronically or print legibly and mail with payment to the address above. If paying by credit card, you can instead fax this form to 336-482-2852. It is not necessary to submit a Score Verification Request for the official score report to be sent to the State Board for which the exam was taken. Please note, within 30 days of the **end** of the monthly test administration cycle, CCE will **automatically** report official scores to the candidate's state licensing agency after verifying that the candidate complied with all test administration policies, rules, procedures, and instructions during the examination administration. **There will be a $30 processing fee deducted for any refunded Score Verification Request fee.**
If you have questions about your score status, please contact CCE at 336.482.2856 or cce@cce-global.org.

Name: _____

Previous Name (if applicable): _____
(If your name has changed since you took the examination, please provide documentation, such as a copy of your marriage certificate.)

NBCC ID or Last Four Digits of Social Security Number: _____ Daytime Telephone: _____

Current Address: _____

_____

E-mail Address: _____

Examination Date (month/year): _____ Examination Registration State: _____

Examination Score(s) Requested: ☐ NCE ☐ NCMHCE _____
Important Note: You may request multiple examination reports on this form but the fee is $65 or $110 per requested report.

Delivery Address (Street or P.O. box):

_____

_____

PAYMENT FORM–DO NOT DETACH

Delivery Options:

Standard: $65 Per Requested Report
(Delivery expected four weeks after payment is processed.)

Two-day express processing: $110 Per Requested Report
(Delivery expected two business days after payment is processed.)

$_____ ☐ Standard
☐ Two-day delivery

x_____ Copies

$_____ **Total payment** (required)

Type of Payment:

☐ Check or money order—payable to CCE (enclosed)

☐ Credit card

Card Type: ☐ VISA ☐ MasterCard ☐ American Express

Name on Card: | | | | | | | | | | | | | | | | | | | | | | | | |

Card Number: | | | | | | | | | | | | | | | | | Expiration Date: | | / | | |

Verification Code Numbers (from back of card): | | | |

Cardholder Signature: _____ Date: _____

Daytime Telephone: _____ Evening Telephone: _____